

percussion note is dull. In Pneumonia the note is flatter than in Empyema, and in Pneumonia there is a decided feeling of resistance; while in Empyema there is more yielding of the thoracic wall—a feeling of elasticity. This latter, however, is not to be too absolutely relied on, for, if the pleural cavity be very full, the sense of elasticity may not be apparent.

Palpation gives more reliable evidence. In Pneumonia we have between the palpating hand and the bronchial tubes the consolidated lung tissue—a good conductor of sound—and hence we find that vocal fremitus is increased. In Empyema on the hand there is fluid lying between the palpating hand and the bronchial tubes, and as fluid is a poor conductor of sound the vocal fremitus is decreased. This test is not absolute—if a small portion of lung only is consolidated, and that situated centrally, or if the bronchial tubes have become plugged so as to prevent the passage of air the vocal fremitus will not be increased. As a rule, however, this may be relied upon to differentiate these two conditions.

Auscultation is the most reliable of the the methods of physical examination for the differential diagnosis of these two conditions, and if the examiner is careful a mistake should not occur. The character of the sounds heard in Pneumonia will vary according to the stage which the disease has attained when the examination is made. In the first stage we will hear broncho-vesicular breathing, with perhaps small crepitant râles; in the second stage pure bronchial breathing; in the third stage broncho-vesicular breathing with perhaps small crepitant râles (râles redux) and moist râles. In empyema, however, we do not get these breath sounds nor these râles. The breathing is vesicular in character but faint and indistinct. The fluid lying between the anterior thoracic wall and the lung obscures the sounds. When either set of sounds is heard we may safely exclude the other condition, *i.e.*, when we hear the râles referred to or the pure bronchial breathing clearly and distinctly we may exclude Empyema, and when we hear vesicular breathing, faint, indistinct, and, as it were, far away, we may safely exclude Pneumonia. Again, as consolidated lung is a good conductor of sound, and as fluid is a poor conductor, the vocal fremitus varies in these two conditions. In Pneumonia it is in-